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APPAICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/636,042	08/07/2003		Steven A. Justiss		CROSS1560	9977
TITLE OF INVENTION: SYSTEM AND METHOD FOR MAINTAINING AND REPORTING A LOG OF MULTI-THREADED BACKUPS						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	-YES NO	\$700	\$0	\$0	\$700	07/05/2007
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS			
PATEL, KAUSHIKKUMAR M		2188	711-111000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, 150 name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Crossr	oads System	ns, Inc.	Austin, Texas			
Please check the appropriate assignce category or categories (will not be printed on the patent):						oup entity Government
4a. The following fec(s) are submitted:			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3183 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}             1. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \]  \[ \begin{align*}             1. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). \]						
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature					une 15, 200	
Typed or printed name _	Kathari	na Wang Sch	nuster	Registration No	50 <b>,</b> 000	)
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